



CITY LICENSE (316) 268-4553

WICHITA SEDGWICK COUNTY HEALTH DEPT (316) 268-8351

**DOMESTIC ANIMAL MAINTENANCE
GROCERY ESTABLISHMENT
POOL – SWIMMING AND SPA
TOBACCO
LICENSE APPLICATION**

_____ DOMESTIC ANIMAL MAINTENANCE

_____ Residential Fee \$10.00 per year expires April 30

_____ Commercial Fee \$25.00 per year expires April 30

Number and types of animals _____

Address animals located at _____

_____ GROCERY ESTABLISHMENT Fee \$50.00 per year expires July 31.

City # W _____

_____ SWIMMING POOL Fee \$100.00 per year Class _____ Indoor _____ Outdoor _____

Address of Swimming Pool _____

_____ SPA POOL Fee \$100.00 per year Class _____ Indoor _____ Outdoor _____

Address of Spa Pool _____

_____ TOBACCO Fee \$150.00 per year plus \$12.00 per vending machine. Expires December 31.

Number of vending machines _____ City # T _____

APPLICANT INFORMATION:

NAME			
HOME ADDRESS		PHONE NUMBER	
CITY, STATE		ZIP CODE	

BUSINESS INFORMATION (IF APPLICABLE):

BUSINESS NAME		PHONE NUMBER	
BUSINESS ADDRESS			
CITY STATE ZIP			
MAILING ADDRESS			
CITY STATE ZIP			

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in the Code of the City of Wichita. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules, or regulations.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

	APPROVED	DISAPPROVED	DATE
HEALTH DEPARTMENT			
ISSUE DATE		EXPIRE DATE	
TOTAL FEES COLLECTED		CITY LICENSE NUMBER	
TOBACCO DECAL NUMBERS			